MAINSTREAMING HIV/AIDS IN PRACTICE

A toolkit with a collection of resources, checklists and examples on CD Rom for SDC and its partners
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## Acknowledgements

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SDC wishes to thank the many people who contributed to the development of this toolkit.
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ART</td>
<td>Anti Retro Viral Treatment</td>
</tr>
<tr>
<td>Coof</td>
<td>Cooperation Office (SDC)</td>
</tr>
<tr>
<td>DFID</td>
<td>Department for International Development, U.K.</td>
</tr>
<tr>
<td>D-IC</td>
<td>Delegation of Intercooperation in Madagascar</td>
</tr>
<tr>
<td>DRSP</td>
<td>District Road Support Programme, Nepal</td>
</tr>
<tr>
<td>FAO</td>
<td>Food and Agriculture Organisation of the United Nations</td>
</tr>
<tr>
<td>FHI</td>
<td>Family Health International</td>
</tr>
<tr>
<td>FP</td>
<td>Focal Person</td>
</tr>
<tr>
<td>GIPA</td>
<td>Greater Involvement of People living with HIV/AIDS</td>
</tr>
<tr>
<td>GTZ</td>
<td>Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)</td>
</tr>
<tr>
<td>HEARD</td>
<td>Health economics and HIV/AIDS research division, University of KwaZulu-Natal</td>
</tr>
<tr>
<td>HIPC</td>
<td>Debt Initiative for the Heavily Indebted Poor Countries</td>
</tr>
<tr>
<td>IDU</td>
<td>Intravenous Drug Users</td>
</tr>
<tr>
<td>ILO</td>
<td>International Labour Organisation</td>
</tr>
<tr>
<td>KAP</td>
<td>Knowledge, Attitude and Practice</td>
</tr>
<tr>
<td>LSTM</td>
<td>Liverpool School of Tropical Medicine</td>
</tr>
<tr>
<td>M + E</td>
<td>Monitoring and Evaluation</td>
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<tr>
<td>MSM</td>
<td>Men having sex with men</td>
</tr>
<tr>
<td>MDG</td>
<td>Millennium Development Goals</td>
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<tr>
<td>NGO</td>
<td>Non Governmental Organisation</td>
</tr>
<tr>
<td>PADEM</td>
<td>SDC supported Programme in Support of Decentralisation and Local Government, Mozambique</td>
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<tr>
<td>PLWHA</td>
<td>People living with HIV/AIDS</td>
</tr>
<tr>
<td>PRSP</td>
<td>Poverty Reduction Strategy Paper</td>
</tr>
<tr>
<td>REPSSI</td>
<td>Regional Psychosocial Support Initiative, a network for psychosocial support of HIV/AIDS affected children in Southern Africa</td>
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<td>SAT</td>
<td>Southern African AIDS Trust</td>
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<tr>
<td>SDC</td>
<td>Swiss Agency for Development and Cooperation</td>
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<tr>
<td>Sida</td>
<td>Swedish International Development Agency</td>
</tr>
<tr>
<td>SoDev</td>
<td>Social Development Division of SDC</td>
</tr>
<tr>
<td>SOSA</td>
<td>East and Southern Africa Division of SDC</td>
</tr>
<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
</tr>
<tr>
<td>STI/SCIH</td>
<td>Swiss Tropical Institute, Swiss Centre for International Health</td>
</tr>
<tr>
<td>SWAp</td>
<td>Sector Wide Approach</td>
</tr>
<tr>
<td>TOR</td>
<td>Terms of Reference</td>
</tr>
<tr>
<td>TOT</td>
<td>Training of Trainers</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>United Nations Programme on HIV/AIDS</td>
</tr>
<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Fund for Population Affairs</td>
</tr>
<tr>
<td>UNICEF</td>
<td>United Nations Children Fund</td>
</tr>
<tr>
<td>VCT</td>
<td>Voluntary Counselling and Testing</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
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</table>
The HIV/AIDS epidemic is today considered one of the most pressing development and security problems in the world. For the Swiss Agency for Development and Cooperation, SDC, it is an institutional priority to make a significant contribution to limit the spread and mitigate the impact of the epidemic.

A comprehensive response to HIV and AIDS entails a combination of specific AIDS-focused work and mainstreaming. By mainstreaming we mean a process that enables development actors to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work and within their workplace (UNAIDS). It means «wearing AIDS glasses» while working in all sectors and at all levels.

There is no standard approach to mainstreaming HIV/AIDS. Responses need to be integrated into planned and ongoing development processes by linking them to the core business. They need to be adapted to the local epidemic and cultural context. Mainstreaming HIV/AIDS is an approach that is relevant in both development and humanitarian work and at all stages of the epidemic. It should be initiated as early as possible. As the HIV/AIDS epidemic is closely linked with gender issues, both AIDS-focused and mainstreaming interventions should be gender sensitive. Involving people infected and affected by HIV/AIDS and coordinating the response are other essential principles of a comprehensive response. In order to successfully mainstream HIV/AIDS, a sector or an organisation needs to be ready to do so by allocating the necessary resources in terms of time, human, material and financial resources. Leadership commitment, support by the teams and capacity strengthening of the HIV/AIDS focal persons and their collaborators are crucial factors for success and they enhance commitment.

Mainstreaming HIV/AIDS should happen in the internal sphere (related to the organisation/workplace) and in the external sphere (related to the cooperation work).

Three key questions can guide mainstreaming HIV/AIDS in both spheres:

1. **How does HIV/AIDS affect your organisation and your work?**
2. **How to do no harm?**
3. **How can you contribute to fighting HIV/AIDS by limiting the spread and mitigating the impact of the epidemic?**

A 5 step approach to mainstreaming HIV/AIDS is proposed. The first three steps are linked as they are preparatory analytical steps, involving a context and organisational analysis. They provide the necessary inputs for proceeding to the response. Steps 4 and 5 explore possible contributions at the workplace and within the operational work. Crucially, monitoring and evaluation instruments should be developed from the beginning and experience with mainstreaming HIV/AIDS needs to be capitalised and shared.

This document is not a book that should be read from A to Z! The graph «Key steps in mainstreaming HIV/AIDS» in chapter IV should help readers to situate themselves in the process and decide which step comes next for them. They can then jump to the relevant part of the document. For each step, the CD Rom contains a wealth of further checklists, resources and good practice examples. The content of the CD Rom and further links are listed in the last sheet of this document.
Introduction

**Overall goal to which this guide should contribute**

As stated in the «SDC AIDS POLICY 2002–2007», HIV/AIDS will receive increased attention within the work of the Swiss Agency for Development and Cooperation. SDC is committed to make a contribution to fighting this global epidemic in collaboration with its partner countries and international organisations. Mainstreaming HIV/AIDS – by addressing HIV/AIDS related issues at the policy and coordination level, at the workplace as well as in SDC projects and programmes – is thereby one of the major strategies pursued.

**Objectives of the document**
- Inform about approaches to mainstreaming HIV/AIDS;
- Provide practical information on «how to do it» for those who want to start mainstreaming HIV/AIDS and help those, who have already started, to further strengthen their approach.
- Provide information which will be relevant and useful to all continents, types of epidemics and all levels of cooperation within SDC’s work worldwide (development cooperation, cooperation with transition countries, multilateral cooperation and humanitarian aid) and for its partners;
- Provide further resources for each of the essential steps;
- Share SDC’s experience in mainstreaming HIV/AIDS with interested partners and contribute to a shared understanding of the mainstreaming HIV/AIDS approach.

**How to use this document**

This is not a document to be read from beginning to end. For readers who would like to get an overview of the current HIV/AIDS epidemic, chapter I offers basic but essential information. **All readers are recommended to read the chapters II to IV** as these chapters contain all the basic concepts and guidance on mainstreaming HIV/AIDS. The graph «Key steps in mainstreaming HIV/AIDS» in chapter IV helps you to determine your current stage within a mainstreaming process. You can then jump directly to the relevant part describing the step. For more detailed information and practical examples each step is linked to further selected resources on the CD Rom. Chapter VI contains information on monitoring and knowledge management-two crucial but often neglected elements. The glossary at the end of this document summarises key terminology. The content of the CD Rom and further links are listed in the last sheet of this document.

**An evolving concept**

This document is based on experiences and lessons learned from within SDC, from other development agencies and NGOs. Other bilateral and multilateral organisations, for which mainstreaming HIV/AIDS has become an important issue, include GTZ, DFID, Sida, FAO, UNDP, the World Bank and UNAIDS. SDC is aware that the concepts around mainstreaming HIV/AIDS are evolving rapidly.

Your contributions, feedback and further case studies are welcome!
Please contact the SDC Social Development Division: sodev@deza.admin.ch
The scope of the HIV/AIDS epidemic today

Epidemiologic situation
In December 2003, an estimated 40 million (34–46 million) people were living with HIV/AIDS world-wide. Only in the year 2003, this global epidemic killed more than 3 million persons—men and women, young people and children. While Sub-Saharan Africa remains by far the region most affected by HIV/AIDS, other regions, such as South & South-East Asia, Eastern Europe, Central Asia and the Caribbean, present increasingly worrying trends. Although in Latin America, HIV prevalence remains still rather low, there is official denial to recognise the increasing threat. Similar dangerous trends are observed in many Asian countries, such as India or China, where the explosive potential of the epidemic is still not sufficiently recognised. The HIV/AIDS epidemic is today far from being under control.

1 The range around the estimate defines the boundaries within which the actual number lies, based on the best available information.
The scope of the HIV/AIDS epidemic today

Determinants of the epidemic

The dramatic spread of this global epidemic cannot merely be explained by individual risk behaviour. Individual risk of HIV/AIDS is influenced by what people know about HIV/AIDS and how they understand it, what people feel about situations and about others and what people do. Sexuality, sexual orientations and behaviours greatly influence risk. Particularly in developing countries socio-cultural, political, and economic factors, including economic underdevelopment and poverty, population mobility (for work or due to political instability or war), gender inequalities, gender-based violence and unfavourable policies and legislations (determinants) drive the epidemic by increasing the vulnerability of people and limit individuals’ options to reduce their risk. Poverty and gender inequalities, which drive the epidemic, are at the same time exacerbated by the impact of HIV and AIDS. Young people and children are particularly vulnerable - half a million of AIDS related deaths that occurred in 2003 were amongst children under 15 years. Millions of orphans and children affected by HIV/AIDS lack basic rights, parental care, education and health care.

source: UNAIDS Global summary of the HIV and AIDS epidemic in 2003

Determinants of the epidemic

1 Determinants: gender related, socio-economic, political, cultural, traditional, religious and other factors that drive the epidemic.
Between men and women there are important differences in the causes of HIV infection, the level of vulnerability to HIV infection and the consequences of HIV/AIDS. Although men show significantly higher infection rates at the initial stages of the epidemic, women tend to outnumber men once the epidemic becomes generalised. In sub-Saharan Africa, for every 10 men who are infected with HIV there are almost 14 women living with the virus. Physiological factors, the social status of women, their lack of power and economic dependency, gender based violence and certain cultural values and practices are all determinants that increase women’s vulnerability and risk of contracting HIV.

However, gender based vulnerability does not only affect women. Culturally rooted peer pressure among men to reflect a certain image of virility often leads to risky behaviours such as having multiple partners or being reluctant to have safe sex. In addition, men having sex with men are one of the most stigmatised and vulnerable groups in relation to HIV/AIDS.
When looking at the consequences of HIV/AIDS, women and girls are also disproportionately affected. Men tend to have a bigger stake on household expenditures on health and wellbeing, including medical expenditure for HIV or AIDS. At the same time the implications of the epidemic on women as care givers are significant. Not only do they carry most of the burden of providing care to those who are sick or dying from AIDS-related illnesses and their dependents, but this also involves significant time and financial costs. Ultimately, women may lose trading or production and income opportunities. The burden of care concerns especially older women, very young women and adolescent girls as young adults become sick or die from HIV/AIDS-related illnesses. One of the consequences is that young women and girls are forced to forfeit opportunities for education or employment. Also, many income earning opportunities for these women are highly exploitative, such as domestic work or commercial sexual activity. As a result, gender inequalities become further entrenched and the spread of HIV/AIDS is accelerated.
At the beginning of the epidemic in the early 1980s, HIV/AIDS was considered a health problem, to be addressed by interventions in the health sector. Since then, we have seen various conceptual shifts from the narrow biomedical paradigm focusing on individual behaviour and medical aspects of the epidemic. The HIV/AIDS epidemic is today considered a major threat to development and economic growth in affected countries and its impact is felt across all sectors – health, education, agriculture, infrastructure, the corporate sector and many others.

**HIV/AIDS is a major challenge for international cooperation, as it risks to erode decades of progress in development.** This is why the international community has put HIV/AIDS and poverty at the centre of the development agenda, as reflected for example in the Millennium Development Goals.
For SDC HIV/AIDS is a priority issue. SDC promotes strategies and approaches that are adapted to the local context and the stage of the epidemic. Mainstreaming of HIV/AIDS in all cooperation activities is a key strategy. But SDC also supports AIDS-focused interventions (such as REPSSI, a regional network for psychosocial support of HIV/AIDS affected children in Southern Africa) and is committed to cooperation and coordination at the regional, international and multilateral level.

It is today well recognized that prevention, treatment and care and impact mitigation need to go hand in hand to effectively fight the HIV/AIDS epidemic in the most affected countries. The increasing efforts to improve access to antiretroviral therapy also in resource limited settings are about to greatly change the context of these countries.

In developing the continuum of prevention to care and impact mitigation, we know today that the HIV/AIDS pandemic can only be reversed by a joint multisectoral approach where a maximum of sectors collaborate and cooperate, ranging from the education, the military and police, finance, agriculture, infrastructure to health and many other sectors, including the public, the private and the civil society level. The HIV/AIDS epidemic needs to be addressed as a crosscutting issue and a shared responsibility in all or much of cooperation work.

The graph below shows how the response of the international community has moved from a health-led response to a comprehensive response, which involves many sectors and many different actors. The HIV/AIDS epidemic can only be effectively fought by a combination of both HIV/AIDS specific interventions and by mainstreaming efforts. It is crucial to use a culturally sensitive and appropriate approach when responding to the epidemic. While making the response gender sensitive, men can and must play an important and responsible role in HIV/AIDS interventions.

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A cross-cutting issue (or transversal theme) is one central to development and humanitarian cooperation that cannot be addressed by one sector alone. Examples of cross-cutting issues are, for example, gender, natural resource management or HIV/AIDS.
In order to effectively fight HIV and AIDS, it is thus not enough to change individual behaviour. Both the causes and the consequences need to be addressed. All three dimensions of risk (medical and behavioural factors), vulnerability (developmental factors) and impact need to be addressed.

**The expanded response (UNAIDS)**

Determining factors of the HIV/AIDS epidemic are medical (e.g. the presence of sexually transmitted infections or a weak immune system), behavioural (e.g. the number of sexual partners or the absence of condom use) and developmental (below listed under vulnerability factors).

**Risk – Vulnerability – Impact: definitions**

**Risk** is determined by individual behaviour and situations such as having multiple sexual partners, having unprotected sex, sharing needles when injecting drugs or being under the influence of alcohol when having sex or having an untreated sexually transmitted infection.

**Vulnerability** stands for an individual’s or community’s inability to control their risk of infection due to factors that are beyond the individual’s control. Such factors could be poverty, illiteracy, gender, living in a rural area, being a refugee, etc.

**Impact** is about the long-term changes that HIV/AIDS causes at an individual, a community or a society level. HIV/AIDS not only impacts on the physical and mental health of individuals and populations, but a full blown epidemic also changes socio-cultural structures and traditions and impacts on economies and many different sectors.
For a concrete example of an analysis of risk, vulnerability and impact in a given context, see the document «elements of a context analysis, Intercooperation Madagascar» under step 1 on the CD Rom.

The concept of an expanded response is crucial for understanding where it is possible to make a difference in terms of curbing the epidemic. Each sector has particular comparative advantages in addressing one or several of these three dimensions. In the matrix of influence below, selected examples from various sectors and from humanitarian aid are given to show how they could contribute to influencing risk, vulnerability or impact. The examples include specific AIDS-focused and mainstreamed activities. Strong comparative advantage is presented in grey shade, while areas of limited comparative advantage are without shade.
## Matrix of influence

<table>
<thead>
<tr>
<th>Risk</th>
<th>Vulnerability</th>
<th>Impact</th>
</tr>
</thead>
</table>
| **Health** | - Behaviour change campaigns  
- Information, Education, Communication  
- Promote VCT and condom use and availability | - Promote access to services and information for rural populations | - Provide testing and treatment services and care |
| **Education/Professional skills development** | - Behaviour change campaigns for teachers and students  
- Information, Education and Communication campaigns  
- Life skills development  
- Promote condom use and availability | - Promote literacy and education  
- Change Gender relations through education and literacy  
- Teacher posting policies that reduce mobility | - Address the psychosocial needs of children, teachers, parents and school governing bodies affected by HIV/AIDS  
- Promote access to schools for orphans |
| **Agriculture** | - Information campaigns and condom distribution through extension workers | - Poverty reduction by strengthening peoples’ livelihoods  
- Strengthen skills and income of women and other vulnerable groups | - Develop labour saving technologies  
- Work with youth to fill knowledge gap left by AIDS |
| **Infrastructure/Mobility** | - Information campaigns and condom distribution through extension workers | - Plan for strategies with reduced labour migration  
- Reduce isolation (information, economic, etc) of rural communities by road construction and access to social services | - Target towns with HIV/AIDS treatment centres for road construction  
- Give family contracts rather than individual contracts in areas heavily affected by HIV/AIDS (e.g. in a road maintenance programme) |
| **Governance** | - Develop workplace policies for the sector ministries | - Develop policies that promote gender equality and human rights  
- Poverty reduction strategies | - Ensure that HIV/AIDS is addressed in PRSPs, HIPC and SWAPs  
- Debt relief for heavily affected countries  
- Ensure donor coordination around impact mitigation |
| **Humanitarian Aid** | - Information campaigns and condom distribution, e.g. linked with food distribution | - Building latrines and water taps in a way that prevents sexual violence and rape | - Make sure that the most vulnerable, including PLWHA, are not excluded from food aid and other vital services |
In countries with low HIV prevalence (emerging epidemics) the response will mainly have to focus on addressing risk and vulnerability. At the same time these countries should start to plan the mitigation of impact. In countries with concentrated and generalised epidemics, where an important proportion of the population is infected and affected, the response needs to address all three levels equally, with a strong focus also on impact mitigation.

\[\text{For definitions of emerging, concentrated and generalised epidemic, see VII Glossary.}\]
AIDS-focused work + mainstreaming = comprehensive approach

In addressing risk, vulnerability and impact, AIDS-focused interventions go hand in hand with mainstreaming efforts. Coofs (Cooperation Offices) and projects/programmes can respond to HIV and AIDS by planning specific AIDS-focused and/or mainstreamed interventions. Experience has shown, that both for public sectors as well as for programmes and portfolios supported by development partners, mainstreaming HIV/AIDS can raise awareness of these actors to the HIV/AIDS problem. Initial mainstreaming activities can thus provide an entry point for later involvement in specific AIDS-focused activities of actors that would otherwise never have engaged in AIDS related work.

Specific AIDS-focused interventions
Specific AIDS-focused interventions are those whose primary objective (core business) is to fight HIV/AIDS. They can be introduced by the public or private sector, civil society or development partners. The health sector is well positioned to provide specific AIDS-focused HIV/AIDS preventive, curative and care services. But specific AIDS-focused interventions are not limited to the health sector.
### Mainstreaming HIV/AIDS

For a comprehensive and expanded response to HIV/AIDS, the potentials of all cooperation activities, also of those with a core business other than HIV/AIDS (such as education, agriculture, water, small enterprises, women’s empowerment, etc), should be drawn upon. When used in an adequate and systematic way, the mainstreaming approach can make a significant contribution to the fight against HIV/AIDS by itself or in addition to specific AIDS-focused interventions. HIV/AIDS affects most sectors. In collaboration and through mainstreaming activities they can address the context of vulnerability and the key consequences and impacts of HIV/AIDS. Of course, they can also contribute to reducing risk, both amongst their personnel and beneficiaries. Mainstreaming activities can have an effect on the internal (the organisation, the workplace and its collaborators) and the external sphere (partners and beneficiaries, the field of activities).

The table below gives examples of mainstreamed activities as compared to specific AIDS-focused activities.

<table>
<thead>
<tr>
<th>Examples of activities</th>
<th>Specific AIDS-focused intervention</th>
<th>Mainstreamed intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>A water project evaluating the impact of introducing user fees for water on HIV/AIDS affected families</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Introducing antiretroviral treatment (ART) in the health care system</td>
<td>✓</td>
<td></td>
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<tr>
<td>A project with the main focus on HIV/AIDS prevention in schools</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Introducing HIV/AIDS prevention into adult literacy classes or the school curriculum</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Setting up voluntary testing and counselling services (VCT)</td>
<td>✓</td>
<td></td>
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<tr>
<td>A transport project analysing the effect of increased mobility on sex work</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>A Ministry developing an HIV workplace policy</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Including issues related to HIV/AIDS into the Terms of Reference for the evaluation of an agriculture programme</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>A social marketing campaign for condoms</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>A tuberculosis programme offering an entry point to VCT</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Community mobilisation around HIV/AIDS in the frame of a road programme</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Training relief workers on HIV/AIDS and introducing a code of conduct to prevent sexual violence in refugee camps</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>A Coof ensuring that HIV/AIDS is well taken care of in the PRSP</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>A government developing an HIV/AIDS policy</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Sessions to raise awareness on HIV/AIDS for project/Coof staff</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Addressing HIV/AIDS in the country programme planning</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Mainstreaming HIV/AIDS

The growing understanding of the two-way relationship between AIDS and development has led to the insight that, in addition to developing programmes that specifically address AIDS, there is a need to strengthen the way in which existing development programmes address both the causes and effects of the epidemic in each country-specific setting. The process through which to achieve this is called «Mainstreaming HIV/AIDS» (UNAIDS).

Mainstreaming HIV/AIDS means realising that we all work in a context more or less affected by the HIV/AIDS epidemic and analysing whether consequently we need to adapt our activities to this reality. It means thinking differently, wearing AIDS glasses.

Mainstreaming HIV/AIDS is a process that enables development actors to address the causes and effects of HIV/AIDS in an effective and sustained manner, both through their usual work and within their workplace (UNAIDS).

It means «wearing AIDS glasses» while working in all sectors and at all levels.
Mainstreaming is about challenging the status quo by looking upstream to see the deep developmental causes, and downstream to appreciate the wide impacts of HIV and AIDS (UNAIDS, GTZ, Bangkok 2004).

**Mainstreaming HIV/AIDS does not mean!**
- pushing HIV/AIDS into programmes where it is not relevant
- changing core functions and responsibilities in order to turn all cooperation activities into HIV/AIDS programmes
- simply introducing HIV/AIDS awareness raising in all our activities
- that we all have to become AIDS specialists
- business as usual

**Essential principles in mainstreaming HIV/AIDS**
- There is no standard approach or universal recipe to mainstreaming HIV/AIDS. Approaches need to be designed according to the stage and nature of the HIV/AIDS epidemic in a particular country or community and adapted to the specific context, addressing the cultural context, challenges and opportunities in a given geographical area and sector. Using a cultural approach in mainstreaming is a key to success.

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1 source: Rose Smart in Elsey and Kutengule (2003).
Mainstreaming HIV/AIDS is a relevant approach in all stages of the epidemic – also in low prevalence countries but becomes increasingly urgent as the epidemic evolves.

Mainstreaming HIV/AIDS should be done in an integrated way throughout the management cycle and not be limited to punctual efforts.

A gender sensitive approach should be used when mainstreaming HIV/AIDS (see also SDC Gender Policy and Toolkit Gender Mainstreaming in Practice).

Following the principle of Greater Involvement of People living with HIV/AIDS (GIPA), first enunciated in 1994, a participative approach to mainstreaming based on human rights implies involving People living with HIV/AIDS (PLWHA). Fighting stigma and discrimination linked to HIV/AIDS should be a priority for all cooperation activities.

Building relationships, coordination, network and advocacy is always crucial for development work. In the field of mainstreaming HIV/AIDS, where experiences and good practices are still scarce, it is even more important not to work in isolation. Advocacy is especially important in low prevalence countries where awareness is still low. Advocacy is crucial both inside the own institution and outside when working with partners, beneficiaries and other agencies. As a rule, all mainstreaming activities should be in line with the national AIDS policy and international standards, such as those set by UNAIDS.
Key factors for success in mainstreaming of HIV/AIDS

Some factors should be considered essential when mainstreaming HIV/AIDS. Obviously, not all these criteria have to be met before starting to get engaged in mainstreaming. They may be achieved as a result of the mainstreaming process.

- **HIV/AIDS has to be understood as a development issue:** All stakeholders involved should be aware of the different dimensions of the global and local HIV/AIDS epidemic and understand it as an important development issue that concerns many sectors.

- **Commitment and active support of decision-makers:** Mainstreaming needs to be of everybody’s concern. Decision makers within SDC and amongst partner institutions and organisations should take the lead to facilitate a joint commitment of all collaborators and strengthen the mandate of the Focal Person. The concept of Focal Person is explained below.

- **Clearly defined objectives for mainstreaming of HIV/AIDS:** Objectives should be clear and adapted to the context. Defining clear objectives for mainstreaming should ideally be part of a new project/programme, but can also be done if programmes are already running. Having clear objectives for mainstreaming will also help to monitor the approach and evaluate its effect.

- **Knowledgeable, compassionate and skilled staff:** Everyone within the organisation must know how he/she can contribute to fighting HIV/AIDS within the frame of the organisation’s policy and field of action and understand how the organisation itself is affected by HIV/AIDS. Teambuilding events and creating an emotional momentum (such as for example by watching and discussing a film together or paying a visit to a treatment and care centre for people living with HIV/AIDS) are crucial to win support and enhance commitment. Capacity building on basic knowledge about HIV/AIDS, on how to communicate about these issues and on how to mainstream it into development work is essential. The CD Rom contains an interesting Oxfam resource «Tools to support the mainstreaming of HIV/AIDS» that includes a training module with exercises for raising staff awareness and building capacity for HIV mainstreaming.

- **Expertise and support is available and made use of:** In many countries local expertise is nowadays available, which can provide locally and culturally adapted support and advice. While it is often easy to identify support for questions related to HIV/AIDS prevention, treatment and care, identifying competent support for mainstreaming strategies is often more challenging.

- **Sufficient allocation of resources (financial, human and technical):** Mainstreaming HIV/AIDS is not cost free and budgets and human resources need to be allocated accordingly. However, experience has shown that a mainstreaming approach needs relatively few financial and material resources. Cooperation Offices can provide funds to projects and programmes in order to stimulate the initial phase of mainstreaming HIV/AIDS. Nevertheless, projects and programmes should increasingly co-finance initiatives and consider budget allocation within the overall planning.

- **Willingness to learn, reflect and share experiences:** There is a need for consistent documentation, monitoring and evaluation at various stages of policy formulation, project design and implementation and for sharing knowledge and expertise with partner organisations.
The role of Coofs and Implementing Agencies in mainstreaming HIV/AIDS

Cooperation Offices and Implementing Agencies can play an essential role in making sure that a maximum of entry points are used for mainstreaming HIV/AIDS. Together with programmes/projects and partners they can also define minimal standards for mainstreaming. Both aspects are further described in step 5. Coofs and Implementing Agencies play an important role in raising awareness, as well as providing and organising support and financial resources for mainstreaming HIV/AIDS. Finally, one of their most important roles is to promote and ensure monitoring and capitalisation of mainstreaming experiences from all levels and to facilitate the exchange of lessons learned.
HIV/AIDS Focal Point

Mainstreaming HIV/AIDS is a work-intensive process that needs additional human resources. While the overall responsibility for mainstreaming remains with the country director and the programme/project heads, experience in SDC and other organisations shows that it is often very useful to delegate the practical coordination for the mainstreaming process to one person (the Focal Person) or a team of persons (the Focal Point).

The CD Rom presents a sample profile for an HIV/AIDS Focal Person (FP) and a list of possible tasks at various levels. Based on their specific needs, an adapted task list should be developed by the FP together with the superior and colleagues. This can then be used to draw Terms of Reference for the FP. The good practice examples of SDC Nepal and Mozambique included on the CD Rom refer to their experience with Focal Persons.

Over the years, some essential lessons have been learned.

Lessons learned

- The Focal Person (FP) task should not be imposed – interest and commitment are prerequisites for being an effective FP.

- Sufficient working time should be allocated to this task, reflected by a change in the Terms of Reference and job description of the employee.

- Ideally, there is a FP at all levels – in the Coofs, the projects or programmes and in the various headquarter divisions. SDC can also play an important role in encouraging its implementing agencies and local partners to follow a similar approach.

- Even though the HIV/AIDS FP will be leading the mainstreaming activities, this should not mean that all questions related to HIV/AIDS are delegated to this person. HIV/AIDS should remain everybody’s business! Without an effective team work towards the same goal and without the support of committed leadership and colleagues, the appointment of an HIV/AIDS FP may even be counterproductive. Some organisations have created HIV/AIDS working groups (Focal Points). The FP usually needs capacity building in order to be able to fulfil the role and may at times need expert support.

- For the FP to be able to fulfil the tasks, the necessary human, financial and material resources have to be made available.

For checklists, resources, examples and links see VIII «List of resources, checklists and examples on CD Rom; selected links and references» at the back of this document.
There is no "gold standard" approach to mainstreaming HIV/AIDS. In every country and for every programme the steps and their sequence will look different. However, existing experience shows that there are some common important elements that should be addressed at some stage when engaging in mainstreaming HIV/AIDS, regardless of whether one looks at mainstreaming into a sector, a development programme or humanitarian aid. The essential elements and steps are briefly presented in this overview. Further details can be found in the following chapter where all steps are elaborated in detail.

When describing the key steps to mainstreaming HIV/AIDS it is helpful to distinguish between the two interacting spheres of mainstreaming:

- **the internal sphere** (related to your institution or organisation) and
- **the external sphere** (related to your cooperation activities)
IV How to do mainstreaming HIV/AIDS - an overview

The internal sphere of mainstreaming HIV/AIDS

Usually, it is recommended to start with the internal workplace related aspects of mainstreaming HIV/AIDS. An organisational analysis can be applied to all institutional levels - be it an organisation, its decentralised structure (e.g. a Cooperation Office) or a project. Such an analysis assesses the implications of HIV/AIDS on the organisation’s human resources and provides information on how programme design and delivery have to be adapted. Based on this analysis, an HIV/AIDS workplace policy and programme should be developed. These steps are also relevant for low prevalence countries. In countries that are already heavily affected by HIV/AIDS, it may also be necessary to develop a plan to anticipate, balance and mitigate the impact of HIV/AIDS on human resources and personnel.

The external sphere of mainstreaming HIV/AIDS

In parallel, one should also address aspects related to the field of activities. A context analysis should precede the planning of mainstreaming activities. Such an analysis will allow assessing the implications of HIV/AIDS on beneficiaries, services and policies. It will also help to understand how objectives and plans need to be adapted to adjust to consequences of the HIV/AIDS epidemic. Based on the context analysis and the assessment of implications, a programme can be redesigned in order to integrate relevant activities that address risk, vulnerability and impact mitigation related to HIV/AIDS. In designing and implementing such activities, each programme will identify its comparative advantage and select activities that are related to its core business.

Three key questions can guide mainstreaming HIV/AIDS in both spheres.

3 key questions in mainstreaming HIV/AIDS:

1. How does HIV/AIDS affect your organisation and your work? This concerns the beneficiaries, the sector, the work place and the programme objectives and activities.

2. How to do no harm? Could the intervention have potential negative implications with regard to HIV/AIDS? How could this be avoided?

3. How can you contribute to fighting HIV/AIDS? Where do you have a comparative advantage to limit the spread of HIV by reducing risk and vulnerability and how can you mitigate the impact of the epidemic?

The following flow chart highlights the essential steps that should be taken when mainstreaming HIV/AIDS. It also shows how mainstreaming activities in the internal and the external sphere are interlinked.

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6 HIV prevalence: % of the adult population that is infected with the virus.
7 The key questions have been inspired by similar questions used by GTZ.
IV How to do mainstreaming HIV/AIDS - an overview

**Key steps in mainstreaming HIV/AIDS**

**INTERNAL SPHERE**

**Step 1**
- Organisational analysis: Context analysis:
  - How are staff and their families affected?
  - Impact of HIV/AIDS on human resources in the sector?
  - What institutional instruments are available to respond?
  - What resources are available to respond?

**EXTERNAL SPHERE**

**Step 1**
- Context analysis:
  - General HIV/AIDS situation?
  - Impacts of HIV/AIDS on the sector?
  - Policies and major responses?
  - Stakeholder analysis?
  - Resource analysis?

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**Key question 1:** How does HIV/AIDS affect your organisation and your work?

**Step 2:**
- Assess the impact of HIV/AIDS on:
  - The workplace and your organisation
  - The beneficiaries of your programme
  - What you want to do (including whether your objectives are relevant and feasible in this context)

**Key question 2:** How to do no harm?

**Step 3**
- Analyse the potential negative implications of what you do on HIV/AIDS

**Key question 3:** How can you contribute to fighting HIV/AIDS?

**Step 4**
- HIV/AIDS Workplace Policy & Programme

**Step 5**
- Plan and implement your contribution to fighting:
  - Risk
  - Vulnerability
  - Impact

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**System of learning and knowledge-sharing**

Monitoring & Evaluation
networking and capitalisation
How to use the graph
By linking your cooperation activities to this framework you can identify the steps that still need to be addressed. According to where in the process you find yourself, you can selectively use parts of this document and the resources on the CD Rom.

A context and organisational analysis allows you to assess the impact of HIV/AIDS on the organisation and the programmes and to answer the second key question – «How to do no harm?». Steps 1 to 3 are linked as they are preparatory analytical steps that put you in a position to proceed to the response. Step 4 and 5 explore possible contributions at the workplace and within the operational work. Crucially, monitoring and evaluation instruments should be developed from the beginning and experience capitalised and shared as described in chapter VI.

How to use the key steps for mainstreaming HIV/AIDS in humanitarian aid work
Certain voices claim that mainstreaming HIV/AIDS is not an issue in relief work. However, this approach can be used just as meaningfully in such a context. Where a crisis involves movements of large populations and results in refugee or displaced camps being set up, the control of relief agencies over the organisation of the settlements and the provision of essential services, such as food, water, sanitation and health care may actually provide ideal opportunities to introduce mainstreaming HIV/AIDS.

It is crucial, however, to adapt the mainstreaming approach to the stage of the emergency. In a relief phase, where the priority is to guarantee people's survival, a full mainstreaming approach may not be appropriate. At that stage efforts should be concentrated on how to avoid harm in terms of increasing the vulnerability and risks related to HIV and AIDS. Some examples of potentially harmful decisions and behaviour of relief agencies and their personnel are given in chapter V, Step 3.

Once, however, a humanitarian crisis has stabilised, agencies usually start to engage in more development type of work, supporting households to develop their livelihoods, to build their assets and improving skills and capacities. In that stage, a comprehensive approach to mainstreaming HIV/AIDS including all five steps is as meaningful as in any other setting.

A number of relevant resources for mainstreaming HIV/AIDS in humanitarian work can be found on the CD Rom in the selection of background documents.

The following chapter looks at the steps and essential elements of the mainstreaming process. The brief summaries are illustrated by further resources, checklists and examples on the CD Rom (see chapter VIII)
In order to answer the first key question «How does HIV/AIDS affect your organisation and your work?», a programme/Coof/Ministry should conduct a situational analysis, including context and organisational issues. All mainstreaming strategies planned should be based on the findings of repeated analyses.

Each analysis will be based on a different set of questions, depending on the geographic area, the sector/s one works in and the specific interests of the Coof/project/programme, etc. Ideally, both the context and organisational analyses should be an integrated part of the overall situational analysis which is done at the beginning of a programme. For the context analysis, one can usually draw on available information. It is not necessary, and in most cases it is not feasible either, to conduct specific surveys or studies. Good sources for local information on HIV/AIDS are usually the National AIDS Programme and the various government ministries, NGOs as well as bilateral and multilateral organisations (e.g. WHO or UNAIDS). The compilation of a short report, based on the information available and in function of one’s needs, can also be contracted out.

The analyses should be as gender sensitive as possible. A gender perspective on mainstreaming HIV/AIDS involves recognising and addressing the gender imbalances that drive and characterise the epidemic.
A small scale, in-depth qualitative research in a high prevalence country

Oxfam conducted qualitative research in Mulanje district in Malawi. The aim of the research was to look at how HIV/AIDS affects different people, how it undermines organisations and how people and organisations respond. Much emphasis was on how HIV/AIDS changes people’s daily lives especially in productive activities such as agriculture, trading, household tasks and community involvement. Managers and staff from different organisations and representatives from local communities were interviewed using focus group discussions. The research helped to link theory with practical situations as well as developing relationships with those affected and infected who are mostly excluded from the development interventions. After the research Oxfam produced a report on the findings which was shared with several organisations and government departments. This formed a basis for Oxfam to modify their objectives, indicators and work plans so that they were more relevant to families affected.

Some of the key findings:

**Impact on Communities**

- Some families are more affected than others
- The illness of a mother is a double blow in matrilineal societies.
- Badly affected people and households can become invisible to development interventions, as they do not participate in many activities.
- Poverty escalates as a result of death or illness of older, more skilled family members.
- Women and girls take on greater burdens as both parents fall ill.
- AIDS affected households have limited access to education, especially young girls who may be forced to drop out of school.
- Although those outside view the extended family and institutions as key sources of support, they often prove to be unreliable social networks.
- Poverty is the driving force of HIV transmission, as poor women and girls engage in occasional commercial sex.

**Impact on Organisational Capacity**

- Absenteeism, lower productivity, vacant posts, high cost and overloading of others
- The internal response on mainstreaming is predominantly specific AIDS work, not mainstreaming
- Challenge for improving internal policies which is not easy for most managers at district level

source: Elsey and Kutengule (2003), referenced under VIII
As important as the collection of the data and resources is a participative analysis and discussion of the information obtained. The findings of the context analysis help to understand the impact of HIV/AIDS on beneficiaries, sectors and policies, while the findings of the organisational analysis provide information needed to understand the impact of the epidemic on human resources in the sector, personnel of the organisation and the workplace, as well as what this means for the programme design.

As the impact of AIDS on cooperation activities will be less tangible in low prevalence countries, a short version of Step 2 will be sufficient in these contexts. For a concrete example of assessing impact/change in a low prevalence context, see the example from Madagascar on the CD Rom under Step 1, context analysis.

Both the context and organisational analysis will help to answer the question:

**How vulnerable is the cooperation activity to HIV/AIDS?**

- Are the objectives and plans of operations of the project/development activity still realistic and achievable under the given situation? How far need they be changed to take account of the HIV/AIDS context?
- To what extent is the target population (beneficiaries) affected by the HIV/AIDS epidemic (changes in livelihoods, economic and social context of families and communities)? How are gender relations and inequities affected? How far does HIV/AIDS change the needs (demand) of the target population (men and women, girls and boys) with regard to the project’s activities? How does the HIV/AIDS situation change the ability of consumers/users to pay for services provided in the framework of the programme?
- To what extent can you still provide the planned outputs and outcomes given the impact of HIV/AIDS on human resources (men and women), staff and the workplace? Are there further workplace activities needed to protect your staff and families from getting infected and mitigate the impact of HIV/AIDS?
Step 2: Analyse the impact of HIV/AIDS on what you do

The following example shows an analysis on how HIV/AIDS can affect a sector, in this case the agriculture sector. It is extracted from a resource developed by the Liverpool School of Tropical Medicine in collaboration with HEARD and DFID Ghana. A similar example for the education sector can be found on the CD Rom.

9.2.2. What Impact is HIV and AIDS having on Agriculture?

AIDS related illness and death affects labour available for agricultural production

Less produce

AIDS related illness and death can lead to selling off of assets, i.e. animals which impacts on productivity and future livelihoods

Lower inputs

Orphan households face particular problems in knowledge gap

Fisher folk are particularly hard hit due to their mobility to reduced capacity to fishing and for passing on fishing expertise to future generations

How true are these in your context?

source: Elsey and Kutengule (2003), referenced under VIII

For checklists, resources, examples and links see VIII «List of resources, checklists and examples on CD Rom; selected links and references» at the back of this document.
“Do no harm” is one of SDC’s essential principles. It is crucial to answer the second key question and analyse how your sector or your work might aggravate the spread or impact of HIV. This means looking at whether the planned or ongoing activities increase vulnerability or risk behaviour of staff, partners and beneficiaries or whether they might aggravate the immediate and long-term consequences of HIV/AIDS. This analysis is equally valid in low prevalence countries, as the primary aim is to prevent the epidemic from emerging further. This step is also relevant for humanitarian aid and particularly so in an acute emergency.
Step 3: Analyse the potential negative implications of what you do on HIV/AIDS

The following questions help to identify such potential harmful effects:

- Will programme activities result in increased mobility of specific groups such as staff, construction workers; tourists; traders; or transport workers? Will the project result in increased mobility of the general population, e.g. for trade, construction work or pleasure? Will this be between high prevalence and low prevalence communities?

- Will the programme interventions create income which is likely to be spent on purchasing sexual services, particularly where income disparities or income generating opportunities aggravate gender inequalities?

- Will the programme activities lead to further inequality (e.g. provide inequitable access to information or skills and resources for certain groups, such as women or people living with or affected by HIV/AIDS)?
Step 3: Analyse the potential negative implications of what you do on HIV/AIDS

- Will the programme activities exclude people living with or affected by HIV/AIDS (e.g., from services and benefits, such as job opportunities, credit schemes or water)?

- Could relief activities increase HIV/AIDS vulnerability of refugee or displaced populations by creating risk situations for sexual violence and rape at water or food distribution points, badly illuminated paths to distant latrines or unprotected firewood collection? (Holden, 2004)

Doing harm should be avoided by anticipating potential negative consequences of programme activities and planning for corrective actions.

Here are two examples from SDC supported projects, where findings of such an analysis were used to adapt intervention strategies. The full case reports can be found on the CD Rom under Step 5. For another example from Madagascar see step 3 on the CD Rom.

District Road Support Programme (DRSP), Nepal:
A social assessment was conducted in 2000. As a result of this a comprehensive strategy to integrate HIV/AIDS was initiated, addressing awareness, behaviour, vulnerability and initiatives to avoid negative impacts, as outlined in the report «Beyond the Roads».

Potential negative impacts (related to HIV/AIDS) of programme activities were discussed and preventive measures were planned accordingly (for example to only employ local workers and not let female workers sleep on the construction sites).

SDC supported water sector in Mozambique: At community level, a great concern was that the introduction of user fees for water could disproportionately affect persons and families affected by HIV/AIDS. Measures were then taken to ensure that these families would not be excluded from water services through encouraging traditional social mechanisms that enhance the use of pro-poor financing mechanisms or cross subsidies among community members.
Step 3: Analyse the potential negative implications of what you do on HIV/AIDS

The following example of an analysis shows how a sector may have a negative impact on HIV/AIDS. A similar example for the education sector can be found on the CD Rom.

9.2.1. Does the Agriculture sector increase vulnerability?

Activities carried out by the sector that either increase susceptibility to HIV or reduce or fail to improve the capacity of households to respond to the impact of AIDS on their lives and livelihoods.

- Extension workers travel around the villages and may/can take advantage of female farmers
- Loans aimed at helping farmers may instead make them susceptible/vulnerable as it is difficult to access and paying back the loan.
-Poorer and AIDS affected households less likely to demand and receive relevant help from extension workers
- Increased agricultural output, particularly for cash crops can increase vulnerability as cash is spent on drinking, entertainment which may result in unsafe sex. Men’s control of cash exacerbates this situation and leaves women vulnerable to exchanging sex for commodities/services, as they don’t have enough cash themselves.

In Ghana, since the government stopped their involvement in the distribution of produce thousands of women have taken on the role of ‘market mammies’ who spend long periods away from families and this can make them vulnerable to HIV/STIs, particularly as they are often dependent on truck drivers to give them lifts to market.

For checklists, resources, examples and links see VIII «List of resources, checklists and examples on CD Rom; selected links and references» at the back of this document.

source: Elsey and Kutengule (2003), referenced under VIII
SDC is committed to preventing suffering and illness amongst its staff. In various countries, the agency has been confronted with the implications and impact of HIV/AIDS on its collaborators and their families, including loss, absenteeism, increased financial costs, higher staff turnover, lower morale and burn out. In all countries where SDC works, it should therefore be an objective to **mainstream HIV and AIDS in the workplace** in order to “enhance the ability of the organisation and their staffs to anticipate/prevent, minimise, and cope with illness and death associated with the epidemic” (OXFAM) and to protect workers’ rights. The CD Rom contains an interesting resource «Tools to support the mainstreaming of HIV/AIDS» that includes a training module with exercises for raising staff awareness and building capacity for HIV mainstreaming.

Following the recommendations of the International Labour Organisation (ILO), a workplace policy should be elaborated by a joint committee of employers and employees, taking account of the rights and responsibilities of both the organisation and its staff.
Step 4: Develop a Comprehensive Workplace Policy and Programme

Essential elements of a workplace policy are highlighted in the following graph. (source: presentation Dr Sabine Beckmann of ILO, «Copyright © 2003 International Labour Organization»)

Workplace Policy
Main components

- No discrimination
- Right to prevention, treatment and care
- No HIV-test without consent
- No dismissal
- Confidentiality
- No gender discrimination
- A healthy workplace

It is crucial to translate the workplace policy into workplace programmes. The «ILO code of practice on HIV/AIDS and the world of work», included on the CD Rom, contains a checklist for planning and implementing a workplace policy alongside with many practical suggestions of how policies can be translated into programmes. Workplace activities include awareness raising and information activities for staff and their families (particularly spouses and children). However, they are not limited to raising awareness. They also include policy issues and information on the employer’s commitment to support their staff’s access to testing, treatment and care. Preventing and counteracting discrimination at the workplace is another major focus. The CD Rom contains the SDC code of conduct, which can be used as a model that should be adapted to local needs.

Particularly in countries with a high HIV prevalence and in organisations that employ a great number of staff, the implications of HIV/AIDS on human resources in a given sector and the personnel of an organisation should be dealt with in a human resources plan that can be part of a workplace programme. Such a plan needs to address issues of recruitment and training, employee benefits (medical, funeral, pension, etc) and cost implications.

Another effective tool to alleviate the burden of those affected in high prevalence countries are solidarity funds fed by contributions from collaborators and the employer. An example of such a fund initiated by the SDC Coof Tanzania is included on the CD Rom.

The workplace policy of a Coof or programme should be presented to all new employees as well as to implementing agencies, partners and headquarter.

For checklists, resources, examples and links see VIII «List of resources, checklists and examples on CD Rom; selected links and references» at the back of this document.
Addressing the Steps 1 to 4 will help to create awareness and deepen understanding of the relevance of HIV/AIDS to your cooperation work. It is important to be sure that planned activities will not do harm and increase HIV/AIDS vulnerability, risk taking or enforce its impact. Developing a workplace policy and related activities will greatly contribute to awareness raising amongst staff as they will feel concerned and cared for by the employer. This will empower them to get involved in addressing mainstreaming HIV/AIDS in the external sphere. Assessing current and future implications of the evolving epidemic should create additional commitment to mainstreaming HIV/AIDS leading a sector/project/programme to address the third key question «How can you contribute to fighting HIV/AIDS? Where do you have a comparative advantage to limit the spread of HIV by reducing risk and vulnerability and how can you mitigate the impact of the epidemic?»
Ideally, mainstreaming HIV/AIDS is considered within projects and programmes **right from the beginning at the planning stage**. The CD Rom contains an example from Tajikistan, where an implementing agency of SDC commissioned a consultant to look into mainstreaming HIV/AIDS at the planning stage of a new large project. SDC Tanzania developed minimal standards for mainstreaming HIV/AIDS and gender for its new country programme [see the workshop report under step 5 on the CD Rom].

Linking the HIV/AIDS epidemic to the core-business of a sector/programme/project helps to determine possible contributions. At first sight, the core business (e.g. strengthen small scale business, support decentralisation or support a ministry in the introduction of a Sector Wide Approach (SWAp), etc) may not seem to have much to do with HIV/AIDS. Identifying **comparative advantages** of your sector/programme/project in relation to fighting HIV/AIDS at the three dimensions of the expanded response (risk, vulnerability and impact), both at the level of policy and operations helps to establish this link.

**Comparative advantage**: For example, it may not be advantageous for agricultural extension workers to take on a whole new workload of HIV prevention activities within the communities they serve. This may not only lead to ineffective HIV prevention work, but could also undermine the time and capacity they need to do effective agricultural extension work. Recognizing the comparative advantage in this case means to concentrate on reshaping the agricultural activities so that they better meet the needs of households affected by AIDS. For the HIV prevention work skilled input from others working in this field may be used (e.g. local NGO or experts in health promotion from the Ministry of Health).

*source: Elsey and Kutengule, 2003*
It is important to address the following dimensions

- To what extent can your activities help to reduce risk by promoting information and behaviour change interventions targeting staff, partners and beneficiaries?

- To what extent can your activities help to reduce vulnerability of men (boys) and women (girls) to HIV infection and consequently address the determinants of the epidemic?

- To what extent can your activities strengthen the capacities of individuals, households, organisations and institutions to cope with the impacts of HIV infection, such as ill health and death and related long term consequences and consequently mitigate the impact of the epidemic?

If a project/programme uses its comparative advantages to address these three dimensions, it can contribute in an important way to fighting HIV/AIDS. The mainstreaming HIV/AIDS process can even contribute to strengthening and enriching the core activities of a programme. Mainstreaming does not always mean doing something new, but it can mean modifying what you are already doing to make it more HIV/AIDS specific and relevant, as shown in the two examples below. It means that mainstreaming HIV/AIDS is «not extra work, but added value» (GTZ) for your activities. A good illustration of an example how mainstreaming HIV/AIDS can actually enrich your core business is that of the rural radio Magneva Menabe in Madagascar, to be found on the CD Rom under step 5 good practices. Two other examples are presented below.

### Example 1

**Budget support for municipalities, PADEM SDC Mozambique:**

The PADEM project’s core business is strengthening decentralisation. Capacity building of municipal leaders in management capacities is one component. PADEM decided to use HIV/AIDS as an opportunity for strengthening project and financial management capacities of these municipal leaders. Municipalities were given access to small grants for HIV/AIDS activities on a competitive ground passing through a process of proposal development. They were then accompanied throughout the process of planning, implementation and evaluation of their small projects. (For a detailed description, see CD Rom Step 5)

### Example 2

**Rendering female alphabetisation classes more HIV/AIDS relevant by mainstreaming:**

- introducing sex education, gender relations and HIV/AIDS as subjects in the curriculum
- introducing income generating activities to decrease vulnerability of women and girls that otherwise risk to sell sexual services for survival or of women and girls affected by HIV and AIDS
- specifically target HIV/AIDS affected communities when offering classes
- etc.
Step 5: Plan and implement your contribution to fighting HIV and AIDS

Being aware of the different entry points for mainstreaming HIV/AIDS helps you to assess potential contributions. The list below only gives some examples. In low prevalence countries, health projects may provide a good entry point for mainstreaming HIV/AIDS in a country portfolio. They in turn can play a vital catalyst role for other sector programmes and project.

<table>
<thead>
<tr>
<th>Entry points for mainstreaming HIV/AIDS</th>
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<tbody>
<tr>
<td><strong>Policy level</strong></td>
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<tr>
<td>SWAps</td>
</tr>
<tr>
<td>PRSP</td>
</tr>
<tr>
<td>Donor Coordination</td>
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<tr>
<td>Contacts with sector ministries of partner countries</td>
</tr>
<tr>
<td>Revision of policies, strategies, legal instruments</td>
</tr>
<tr>
<td>Planning of country programmes and strategies</td>
</tr>
</tbody>
</table>
Step 5: Plan and implement your contribution to fighting HIV and AIDS

The matrix of influence in chapter II gives further examples of how different sectors can act on risk, vulnerability (determinants) or impact mitigation. Many of these examples are mainstreaming examples.

Below are some selected examples of mainstreaming at the national policy and advocacy level.

**Mainstreaming examples from the national policy and advocacy level:**

- **In Cameroon,** early in the debt negotiations the government and the World Bank identified AIDS as one of the most important areas to benefit from additional resources from debt relief (earmarking debt relief funds). This encouraged the government of Cameroon to accelerate the development of a nationwide plan to curtail the epidemic. Cameroon has committed to include increased condom use among men in uniform, truck drivers and commercial sex workers as conditionality in the HIPC 2000. *(source: UNAIDS and World Bank 2001)*

- Work in collaboration with the legal sector and affected communities to strengthen national capacity in the area of ethics, including developing ethical standards for access to antiretroviral therapy.

- Build a coalition to support the Ministry of Finance and the sector ministries in ensuring that HIV/AIDS gets on the PRSP and debt relief agenda and is adequately covered within the SWAp. Focusing national media attention on AIDS as a poverty issue and a threat to development can also be effective in influencing national policy and AIDS in the PRSP and debt relief process. This was achieved in Uganda where the AIDS Commission succeeded through a participative process to incorporate AIDS into all the goals of the country’s Poverty Eradication Action Plan. A way to influence national policy on HIV/AIDS was to gain national media attention on AIDS as a poverty issue and a threat to development. *(source: UNAIDS and World Bank 2001)*

- **Mainstream HIV/AIDS into the national development plans.** The CD Rom contains the Thai example as presented at the International AIDS conference in Bangkok 2004.

- Support budget mainstreaming for HIV/AIDS in the public expenditure plans. Line ministries often fear allocating money to HIV/AIDS as this will squeeze their other priority programmes. On the other hand, there is also reluctance to budget for HIV/AIDS, since they are aware of important parallel budget resources that can be accessed outside the national budget process. In addition to budget mainstreaming, **coding HIV/AIDS in the budget** may help to track planned and actual expenditure on HIV/AIDS in a country. *(source: DFID Health Systems Resource Centre 2004)*
Step 5: Plan and implement your contribution to fighting HIV and AIDS

While doing mainstreaming of HIV/AIDS, synergies should always be established with mainstreaming gender by using a gender sensitive approach. A crucial aspect of a gender-sensitive approach to HIV/AIDS mainstreaming needs the active involvement of both men and women, as well as male and female children and youth, in particular those living with or affected by HIV/AIDS at all stages of a programme (design, planning, implementation and monitoring). Interventions that address the underlying factors that make women and girls particularly vulnerable to HIV infection and its devastating impacts (i.e. poverty and unemployment) will directly contribute to the fight against HIV and AIDS.

Gender mainstreaming in HIV and AIDS programming requires an understanding and response to (source: SAT, 2004):

- Institutional issues related to gender
- Myths about male and female sexuality
- Control over sexual relations within and outside the marriage
- Violence against women and girls
- Issues of blame and rejection based on gender
- Gender differences in the need for information and access to information
- Issues of communication between men and women

To ensure a fully gender sensitive approach to mainstreaming HIV/AIDS, it is important to consider the following criteria:

- Risk: Does the response of the programme to HIV/AIDS take into account the particular needs and different risks of men and women, girls and boys?
- Vulnerability: Does the programme address the structural gender imbalances that drive the HIV/AIDS epidemic? Does it clearly identify these structural factors?
- Impact: Does the policy or programme address the structural gender imbalances that characterise the epidemic in terms of access to information, treatment & care and its impacts? Does it clearly identify those impacts?

The CD Rom contains a SAT tool «Questions to ask in order to mainstreaming gender in key steps of HIV and AIDS programming».

For checklists, resources, examples and links see VIII «List of resources, checklists and examples on CD Rom; selected links and references» at the back of this document.
Mainstreaming HIV/AIDS is a relatively new approach. Monitoring the activities and their effects is thus crucial to enable institutional learning and use scarce resources in an efficient and accountable way. Analysing and documenting lessons learned is also important to motivate others who are at a less advanced stage. Networking and knowledge sharing around mainstreaming HIV/AIDS helps to create an environment of continuous learning and contributes to strengthening commitments and improving approaches.
Monitoring

As part of quality management, monitoring should be performed on a regular basis covering all major components of a project/programme to answer «are we doing the right thing and are we doing it right?».

SDC proposes an integrated approach to planning, monitoring and evaluating mainstreaming HIV/AIDS efforts. This means using existing mechanisms and make sure that HIV/AIDS is integrated rather than developing a separate M&E system for mainstreaming HIV/AIDS.

M&E of mainstreaming HIV/AIDS follows similar rules as any other monitoring system. Often, however, people have faced difficulties when it comes to finding appropriate indicators that can be used in monitoring mainstreaming HIV/AIDS at the level of the sphere of influence. This chapter will therefore recall the major levels of analysis currently used by SDC in monitoring and then focus on the essential questions, fields of observation and criteria in order to develop appropriate outcome and impact indicators. Once indicators have been selected based on respective criteria (for details see the CD Rom), it is important to consider whether they can be made more gender specific. Of course, each programme has to select criteria and indicators according to its objectives. How you assess change - expected and non expected - and what change you assess depends very much on the given context, sector and particularly your mainstreaming objectives. Usually it is sufficient to find one or two appropriate indicators for each level. Keep in mind that many indicators will need a baseline measure to be meaningful. Less, but realistic indicators are a prerequisite for a monitoring system actually being implemented. Avoid choosing indicators that will set you up for failure!

* See glossary for the SDC definition of monitoring

** «Criteria» are not measuring instruments but standards by which to judge the situation. In this logic «indicators» are a means of measuring the realisation of the standards. E.g. «Change in awareness about HIV/AIDS amongst staff» would be a «criteria». An indicator to measure this criterion could be «until the end of year xy, at least 80% of the staff state that HIV/AIDS has something to do with them/or more classically: can cite at least three means of transmission of the HIV virus». 
VI Monitoring and Knowledge Sharing

Major levels of analysis

Two major levels should be distinguished:
- the sphere of SDC’s projects/programmes direct responsibility (inputs, activities, outputs) to which we will refer as progress monitoring
- the sphere of SDC’s influence and impact, regarding also its influence through working with partners and beneficiaries, to which we refer as outcome monitoring, hypothesis of impact and analysis of impact

For an integrated monitoring approach, it is recommended to elaborate criteria and indicators during routine planning or reviewing of programme/project activities. This could be during the annual planning workshop or a biannual monitoring meeting. When mainstreaming HIV/AIDS is first introduced into an already ongoing programme, an initial specific meeting to plan and develop the monitoring system may be useful.

Monitoring inputs, activities and outputs of mainstreaming activities should not be too difficult and should be treated according to the processes applied in project management. However, dealing with outcome and impact measures related to mainstreaming HIV/AIDS may pose initial problems. The following chapter therefore concentrates on these issues.

In addition to progress/outcome and impact monitoring it is also recommended to do process monitoring. Process monitoring, which can be done at each organisational level, helps to understand what SDC and/or partners do well/not well with regard to mainstreaming HIV/AIDS. Examples of criteria that could be used for developing indicators at that level are given on the CD Rom.

11 See CD Rom for a summary «different spheres of responsibility and influence» from the SDC Gender mainstreaming toolkit.
Outcome monitoring

Outcome monitoring is used to assess immediate or mid-term effects of programmes and the mainstreaming process (in the workplace and on programme level). These effects are compared with the mainstreaming HIV/AIDS objectives. Outcome should be within reach of the programme and therefore represents the principal level of interest. The outcome level focuses on effectiveness. **Key questions are:** To what extent and how have we achieved the objectives? Why have we achieved something? How have we collaborated with other stakeholders?

Examples of criteria (focusing on the outcome of improved understanding and behaviour change) that could be used for developing indicators at that level are given on the CD Rom.
Development of impact hypothesis and impact analysis

Impact monitoring is used to assess long-term effects and changes (direct and indirect, intended and unintended, positive and negative) on beneficiaries, affected groups and institutions. Long-term development effects should be used as references to indicate whether programme strategies and objectives are relevant or not. Hypothesis of impact and impact analysis should periodically answer the following key questions: Does it make sense? Are we doing the right things? The vision of impact guides our action.

The impact of a specific HIV/AIDS intervention is usually assessed in terms of change in health status (e.g. HIV-prevalence, AIDS related morbidity or mortality of a population). In the case of mainstreaming HIV/AIDS, it would be a pitfall to measure impact in terms of change in health status. Changes in morbidity or mortality usually happen over years or decades and are influenced by many factors. It may be difficult or impossible to attribute any merit in observed changes to the mainstreaming activities. Also, mainstreaming HIV/AIDS is only one aspect of a cooperation activity which has another core mission (e.g. promote education, agriculture, etc) to which most of the efforts and available resources are allocated. As long as improving health is not the prime objective of such a project/programme, significant and measurable change in health status cannot be expected as a result of mainstreaming HIV/AIDS.

It is more feasible and appropriate to apply a multisectoral approach within impact analysis, considering not only health related impact. Changes in terms of the three dimensions determinants/vulnerability and impact mitigation should be monitored. Examples of criteria that could be used for developing indicators at that level are given on the CD Rom.

For those confronted with how to measure the criteria, a number of instruments do exist, such as for example KAP studies (Knowledge, Attitude and Practice) that include indicators which could be used or if necessary adapted. Experts in your country (working in UNAIDS, NGOs dealing with HIV/AIDS and others) can help you find suitable indicators and tools.

The CD Rom contains an interesting monitoring instrument that has been developed by UNAIDS and is used in Madagascar by Intercoperation to monitor the workplace activities.
Knowledge Sharing
Sharing lessons learned on failures and successes is crucial for advancing mainstreaming HIV/AIDS. This is the case for any field of cooperation work- but it is even more important for mainstreaming HIV/AIDS, since we deal with a new concept which is still quite abstract for many. Prerequisites to knowledge sharing are regular reporting and capitalisation, monitoring and evaluation.
SDC Nepal has conducted an external evaluation of 10 years experience with mainstreaming HIV/AIDS. SDC Mozambique conducted an auto-evaluation and review of its mainstreaming activities in 2003. In the same year, SDC Tanzania invited all implementing agencies and partners to a 3 day workshop on mainstreaming HIV/AIDS and gender.
These are just three examples from the country level of good knowledge sharing practices. Further, SDC headquarter is supporting a community of practice in the East and Southern Africa (SOSA) region, where members can exchange information, questions and news related to HIV/AIDS during periodic physical meetings and via e mail. SDC headquarter also produces a periodical electronic «Focus on HIV/AIDS» newsletter which welcomes contributions on mainstreaming HIV/AIDS.

These approaches need strengthening and should inspire similar initiatives taking place elsewhere. Any contributions on lessons learned and good practices on mainstreaming HIV/AIDS are greatly welcome- they can be shared through «Focus on HIV/AIDS» or included on the CD Rom. Please send your contributions to the Social Development Division of SDC: sodev@deza.admin.ch.

For checklists, resources, examples and links see VIII «List of resources, checklists and examples on CD Rom; selected links and references» at the back of this document.
<table>
<thead>
<tr>
<th><strong>Beneficiaries</strong></th>
<th>The individuals, groups, or organisations, whether targeted or not, that ultimately benefit, directly or indirectly, from a programme/project (= target group).</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Concentrated epidemic</strong></td>
<td>Low prevalence in the general population. Certain populations with risk behaviour, e.g. sex workers or intravenous drug users, show a prevalence of more than 5%.</td>
</tr>
<tr>
<td><strong>Cultural approach</strong></td>
<td>Any population’s cultural references and resources (ways of life, value systems, traditions and beliefs, and the fundamental rights of persons) will be considered as key references in building a framework for strategies and policies and project planning, but also as resources and basis for building relevant and sustainable actions (UNESCO).</td>
</tr>
<tr>
<td><strong>Emerging epidemic</strong></td>
<td>Prevalence is below 5%, even in population segments with risk behaviour.</td>
</tr>
<tr>
<td><strong>Expanded response</strong></td>
<td>Used by UNAIDS as a cornerstone of policy and strategy: To increase the quality, intensity, duration and scope of our response, action needs to be broad-based and multisectoral through a response that acts simultaneously on risk, vulnerability and impact.</td>
</tr>
<tr>
<td><strong>Generalized epidemic</strong></td>
<td>Prevalence both in susceptible and vulnerable groups and the general population is more than 5%.</td>
</tr>
<tr>
<td><strong>Impact</strong></td>
<td><strong>AIDS impact</strong>: Long term changes that HIV/AIDS causes at an individual, community or a society level (on physical and mental health, socio economic and cultural level, etc) <strong>Project management</strong>: Positive and negative, primary and secondary long-term changes/effects produced by a programme/project, directly or indirectly, intended or unintended (influences on the context, societal or physical environment).</td>
</tr>
<tr>
<td><strong>Mainstreaming</strong></td>
<td>Mainstreaming stands for the process of integrating in a meaningful way transversal issues into programmes, projects and our ways of working. Mainstreaming can happen through two approaches: In a direct and explicit way, through a guided process linked to a management decision, or indirectly and not explicit through discussions about lessons learned and approaches and tools, such as guidelines or «good practice». In Reality, the two approaches are often used in combination.</td>
</tr>
<tr>
<td><strong>Monitoring</strong></td>
<td>SDC defines monitoring as continuing observation using systematic collection of relevant and selected data to provide management and the main stakeholders of a programme/project with indications of the extent of progress and achievements of objectives (process and impact).</td>
</tr>
<tr>
<td><strong>Multisectoral</strong></td>
<td>HIV/AIDS is a general development problem which can only be fought effectively by a maximum of different sectors working together.</td>
</tr>
<tr>
<td>-------------------</td>
<td>-------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Outcome</strong></td>
<td>Results of a programme/project relative to its objectives that are generated by its respective partner’s outputs (≈ results, effects at purpose level).</td>
</tr>
<tr>
<td><strong>Risk</strong></td>
<td>Risk is determined by individual behaviour and situations such as having multiple sexual partners, having unprotected sex, sharing needles when injecting drugs or being under the influence of alcohol when having sex.</td>
</tr>
<tr>
<td><strong>Partners</strong></td>
<td>Organisations, institutions that collaborate to achieve mutually agreed upon objectives and share responsibility and accountability, benefits as well as risks and endeavours.</td>
</tr>
<tr>
<td><strong>Specific HIV/AIDS interventions</strong></td>
<td>Specific HIV/AIDS interventions are those whose primary objective (core business) is to fight HIV/AIDS.</td>
</tr>
<tr>
<td><strong>Transversal theme</strong></td>
<td>A transversal theme (or cross-cutting issue) is one central to development and humanitarian cooperation that cannot be addressed by one sector alone and that should be addressed appropriately in all projects, programmes and in the ways we work. Examples of cross-cutting issues are, for example, gender, natural resource management or HIV/AIDS.</td>
</tr>
<tr>
<td><strong>Vulnerability</strong></td>
<td>Vulnerability stands for an individual’s or a community’s inability to control their risk of infection due to factors that are beyond the individual’s control. Such factors could be poverty, illiteracy, gender, living in rural areas, being a refugee, etc.</td>
</tr>
</tbody>
</table>
References:


List of resources, checklists and examples on CD Rom:

1. SDC toolkit and presentation
   - SDC “Mainstreaming HIV/AIDS in Practice”, the toolkit
   - A presentation for HIV/AIDS Focal Persons on Mainstreaming HIV/AIDS

2. Selection of background documents by sector
   2.1. General mainstreaming
   - Elsey and Kutengule for DFID, HEARD and LSTM. HIV/AIDS Mainstreaming: A definition, some experiences and strategies; A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming. 2003
   - Mullins for Oxfam GB. Mainstreaming HIV/AIDS into development; what can it look like? 2002

   2.2. Health
   - Wyss for SDC. Scaling-up antiretroviral treatment and human resources for health: What are the challenges in Sub-Saharan Africa? 2004
   - WHO 3 by 5. Investing in a comprehensive health sector response to HIV/AIDS. 2004

   2.3. Gender and HIV/AIDS
   - Commonwealth Secretariat. Gender Mainstreaming in HIV/AIDS. Taking a multisectoral approach. 2002
   - SAT. Questions to ask in order to mainstream gender in the key steps of HIV/AIDS programming. An extract from the SAT training and practice manual. 2004
   - ZWRCN. Gender and HIV/AIDS: an analysis of Zimbabwe’s national policies and programs on HIV/AIDS/STIs. 2003

   2.4. Agriculture, livelihood and land reform
   - GTZ SNRD. Mainstreaming HIV/AIDS in rural development. What can be done through agricultural extensions? Executive summary of a workshop report. 2002
   - Oxfam UK. Tools to support the mainstreaming of HIV/AIDS.
   - HEARD AIDS Brief. Subsistence Agriculture Sector.
   - South Africa Department of Land Affairs. Mainstreaming HIV/AIDS and development within the department of land affairs – South Africa.

   2.5. Governance
   - Holthusen et al. Mainstreaming measures against HIV/AIDS. Implementing a new strategy within the provincial government of Mpumalanga/RSA. An extract. 2003
   - UNAIDS. Coordination of National Responses to HIV/AIDS. Guiding principles for national authorities and their partners.
   - UNDP Regional Project on HIV and Development. Conceptual shifts for sound planning: towards an integrated approach to HIV/AIDS and poverty. 2002
   - Cities Alliance et al. Local government responses to HIV/AIDS: A handbook to support local government authorities at the municipal level. 2003

   2.6. Education
   - Greenwood for VSO. Schools HIV/AIDS resource pack.
2.7. Infrastructure and transport
- Recommended Readings. 2001
- UNAIDS and ESCAP. The assessment and mitigation of the impact of transport infrastructure and services on the spread of HIV/AIDS. An annotated bibliography.

2.8. Humanitarian aid and food
- UNAIDS and UNHCR. HIV/AIDS and STI prevention and care in Rwandan refugee camps in Tanzania. 2003
- WFP. Highlights of current WFP-supported HIV/AIDS activities in the Southern African region. 2003
- WFP. Programming in the era of AIDS: WFP’s response to HIV/AIDS. 2003

3. Mainstreaming basics
- SDC. Checklist: ideal profile of a Focal Person.
- SDC. Checklist: list of possible tasks of Focal Persons.
- Intercoperation. Draft Terms of Reference for FP. Madagascar 2004
- Oxfam UK. Tools to support the mainstreaming of HIV/AIDS.

4. Step 1 Baseline Analysis
4.1. Checklists
- SDC. Checklist context analysis.
- SDC. Checklist organisational analysis.
- Smart. Checklist: organisational analysis for local governments. 2001

4.2. Practical examples
- Intercoperation. Elements of a context analysis, Madagascar. 2004
- Intercoperation. Organisational analysis, Madagascar. 2004
- Oxfam. Flyer 5 Researching HIV/AIDS at the local level.
- Oxfam. Flyer 6 Findings of local research on HIV/AIDS.

5. Step 2 and 3 Impact and Implications
5.1. Practical examples
- LSTM and al. Analysis of step 2 and 3 for the education sector. An extract from Elsey and Kutengule for DFID, HEARD and LSTM. HIV/AIDS Mainstreaming: A definition, some experiences and strategies. A resource developed by HIV/AIDS focal points from government sectors and those that have been working on HIV/AIDS mainstreaming. 2003

5.2. Sector resources
- FAO. Measuring impacts of HIV/AIDS on rural livelihoods and food security.
- Harvey for odi. HIV/AIDS: what are the implications for humanitarian action? A literature review. 2003
- UNDP Asia Pacific. HIV IMPACT ASSESSMENT TOOL the concept and its application.

6. Step 4 Workplace Policy
- SDC. Code of Conduct.
- SDC. Checklist: Making workplace policies and programmes more gender sensitive.
- SDC. Code of Conduct SDC Tanzania.
- SDC. Solidarity fund SDC Tanzania.
- STI. PASHA Tanzania Workplace Policy.
6.1. ILO workplace
- Beckmann for ILO. Code of Practice. Presentation 2003

6.2. Oxfam workplace
- Oxfam. Flyer 3 HIV/AIDS awareness among staff.
- Oxfam. Flyer 4 Workplace policy on HIV/AIDS.
- Oxfam UK. Tools to support the mainstreaming of HIV/AIDS.

7. Step 5 Good practice mainstreaming HIV/AIDS

7.1. Good practices SDC
- Good Practice SDC Madagascar.
- Good Practice SDC Mozambique.
- Good Practice SDC Nepal.
- Good Practice SDC Tanzania.

7.2. Presentations on mainstreaming experiences
- SDC Mozambique
- SDC Nepal

7.3. Reports on mainstreaming HIV/AIDS experiences
- Zahorka for STI SINO. Mainstreaming of HIV/AIDS; Reproductive health at family medicine level in Dangara and Varzob. SINO project Tadjikistan 2003.

7.4. Resources Mainstreaming HIV/AIDS at policy level
- Gullaprawit, National Economic and Social Development Board. The Experience of Mainstreaming AIDS into the National Development Plan in Thailand. A presentation 2004
- Oxfam. Flyer 7 Modifying an existing programme.
- SAT. Questions to ask in order to mainstream gender in the key steps of HIV/AIDS programming. An extract from the SAT training and practice manual. 2004

8. Monitoring and Evaluation
- SDC. Criteria for developing indicators for mainstreaming HIV/AIDS.
- SDC. Spheres of responsibility and influence: Engendering monitoring systems. A graph extract from the SDC toolkit gender in practice. 2003
- FHI. Evaluating programmes for HIV/AIDS prevention and care in developing countries. 2001
- UNAIDS Self-Assessment framework for AIDS competence and comments.

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